

Child and Family Services

Update

June 2006



Office of Child and Family Services Staff

Shirley Ricks – Director

Keisha White – Administrative Support

Stella Stith – Administrative Support

Janet Lung – Manager of Child and Adolescent Programs

Frank Beylotte – Evaluation Associate

Will Bronson – C/A Program Coordinator

Malcom King – Adolescent Substance Abuse Coordinator

Martha Kurgans – Substance Abuse Coordinator

Mary Ann Discenza – Part C Coordinator

Karen Durst – Part C Consultant

Bonnie Grifa – Part C Consultant

David Mills – Part C Consultant

Beth Tolley – Part C Consultant

Mary Ann White – Part C Consultant

Beverly Crouse – Part C Consultant

New Staff at Office of Child and Family Services

Malcolm King, CSAC

Adolescent Substance Abuse Coordinator

Mr. King will provide technical assistance related to adolescent substance use and is responsible for implementing Project TREAT, Office of Child and Family Services OCFS's adolescent treatment coordination (SAC) grant from the Substance Abuse and Mental Health Services

Administration. Mr. King has 25 years of experience in the field of substance abuse. For the past 16 years he worked as a Program Supervisor at the Department of Juvenile Justice (DJJ) coordinating community substance abuse services for juvenile offenders. In addition to his administrative, management and supervisory experience, he has served as a trainer for the Virginia Institute for Professional Addictions Counselor Training. He teaches at Virginia Union Theological Seminary.

Stella Stith

Administrative Assistant

Ms. Stith supports multiple projects at the OCFS. She has extensive experience in information systems. Additionally, Ms. Stith works with children in her community through volunteer work with Mt. Gilead Full Gospel International Ministries.

Copies of this newsletter and contact information for OCFS staff is available at:

<http://www.dmhmrsas.virginia.gov/CFS-default.htm>

Legislative News

Mental Health Transition Plan

Senate Bill 843 and House Bill 2245 required the State Board of Juvenile Justice after consultation with the Department of Mental Health, Mental Retardation and Substance Abuse Services and other related agencies, to promulgate regulations for the planning and provision of mental health, substance abuse or other therapeutic treatment services for persons returning to the community following commitment to a juvenile correctional center or post-dispositional detention. On May 11 2006, the Department of Juvenile Justice disseminated the Proposed Draft Regulations Governing Mental Health Services Transition Plans for Incarcerated Juveniles. The workgroup that created the legislation met six times between July 2005 and March 2006. Staff from the Department as well as staff from Child and Family Task Force and several state and local, public and private entities served on the workgroup. The Department of Juvenile Justice will be presenting the draft of the proposed regulations to the State Board of Juvenile Justice at its June 14, 2006 meeting. If the State Board approves the draft,

they will be submitted to the Virginia Register for Public Comments. A copy of the proposed regulations is attached

Part C News

General Supervision

Enhancement Grant (GSEG)/Virginia's Child Outcome System: Pilots and Training
Plans are proceeding for piloting Virginia's Child Outcome System in 7 local systems (Prince William, Norfolk, Chesapeake, Cumberland Mountain, Chesterfield, Henrico and Richmond). Virginia's Outcome System is being implemented in order to obtain data about the progress made by children receiving Part C services. In order to measure progress, assessment/evaluations must be done at two points in time (near entry into the system and near exit from the system). The child outcomes are converted to progress measures (through a computer program) for aggregated reporting to the Office of Special Education Programs (OSEP) as part of Virginia's Annual Performance Report. In addition to meeting OSEP requirements, Virginia's Outcome System will also provide valuable information that can be used at the local and state level to improve the system of supports and services for children and families.

The pilots will begin June 1 and run for 6 weeks with determination and collection of "Time One" (initial) outcome data for children who receive an initial evaluation or annual review of their IFSP during that timeframe. Six months after the start of the pilot, "Time Two" evaluation/determination of outcomes and data collection will occur. The process in each case includes evaluation of the child using either the HELP, the ELAP or the Carolina Curriculum and conversion of domain based scores to scores that reflect the child's level in three functional areas in comparison to expectations for children of the same age. The three "functional indicators/outcomes" are:

- Positive social emotional skills (including positive social relationships)
- Acquisition and use of knowledge and skills (including early language/communication [and early literacy])
- Use of appropriate behaviors to meet their needs

The conversion of the domain scores to functional scores is done through a team process and includes consideration of the results of the assessment/evaluation as well as information from the family and any other available sources.

Future Allocation of Part C Funds

DMHMRSAS will be convening a stakeholder workgroup in 2006 to advise and assist the Department in developing a new formula for allocation of all federal and state Part C funds. The new formula will be designed to allocate funds in accordance with federal and state Part C priorities and would, therefore, take into account issues such as child count and the local system's use of existing funding sources (such as Medicaid). Use of the new formula would be phased in over the course of 3 years, beginning in SFY2008 (July 1, 2007 - June 30, 2008). During the phase-in period, the Part C Office will assist local systems in making changes needed to prepare for expected increases or decreases in Part C funding or for other necessary changes in the local system.

Community Partners Summit

As the federal Title V agency in Virginia, the Children with Special Health Care Needs (CSHCN) Program of the Virginia Department of Health has a mandate to facilitate the development of community-based systems of services for children and youth with special health care needs (CYSHCN) and their families. As a part of its national agenda, the federal funding source for the CSHCN Program, the Maternal & Child Health Bureau (Title V agency), has adopted six outcomes as critical indicators for measuring success in meeting this mandate. The document, Healthy People 2010, has incorporated the six outcomes into the nation's health objectives for this decade. A summit was held March 22-23, 2006 in Charlottesville sponsored by the Children with Special Health Care Needs Program of the Virginia Department of Health. Partners attended the Summit to discuss improving systems of care that enhance growth and development of children and youth with special health care needs (CYSHCN) and promote the well being of their families. During the Summit, small work groups examined the Commonwealth's progress toward meeting the

national agenda of providing family-centered, community-based, and coordinated care for CYSHCN and their families.

In addition, the Summit launched an alliance committed to the identification and promotion of strategies to achieve this national agenda

Child and Family Behavioral Health Policy and Planning Committee (330F)

At the most recent meeting, the committee heard reports about the use of state facilities for children, a joint workgroup of SLAT and CFBHPP committee members, and the Governor's Transformation Initiative. These committees are in the midst of their work and recommendations will be forthcoming from each of them. The chair called a special meeting of the writing committee to begin work on the 2006 report. The report is due to the Chairs of the Senate Finance and House Appropriations Committees June 30, 2006. Three goals have been identified dealing with expanding systems of care and building capacity, building the child and family behavioral health workforce, and developing standards for assessment. The writing committee is working on strategies, interventions, and outcomes.

Child and Family Advisory Committee

The second quarterly meeting of the Child and Family Advisory Committee was held May 16th. The committee heard presentations from Family Voices, Parent to Parent and VA INFO. VA INFO is an integrated network of family organizations. The mission of VA INFO is to ensure that families of children and young adults with special needs obtain the optimal and most current knowledge, support and services. The VA INFO Center provides support to families of children and young adults with special needs, including behavioral, emotional, and mental health needs, service providers, and others. The Center has a steering committee comprised of five statewide family support organizations. VA INFO services include referrals, parent-to-parent peer support, opportunities to learn how support services are organized and training and support for youth and families to serve on boards, councils, committees,

etc. State agency representatives provided updates to committee members and a family member shared his family story.

The Office of Child and Family Services is seeking a logo that will be used for name recognition, to promote the mission of the Office, and for all future print campaigns. The Child and Family Advisory Committee is sponsoring a logo design contest. The deadline for submission is July 7th. The parent subcommittee of the advisory committee will choose logo finalists and submit the finalists to the Office of Child and Family Services. Final voting to determine the winner will take place at the VA INFO Conference on July 28 and 29 in Charlottesville, Virginia. Official notification will be sent out upon confirmation of the voting process.

Systems of Care Development

The Office of Child and Family Services continues its commitment to foster development of the system of care philosophy through a variety of collaborative initiatives and projects. Here is an update on a few of these:

Office of Child and Family Services Demonstration Projects

Two collaborative programs to demonstrate evidence-based practices within a system of care framework were initiated in September 2005. The system of care framework is designed to coordinate and integrate care planning and management through partnerships with families and youth. This coordination occurs at multiple levels, from service delivery to public policy and is built on a foundation that is both culturally and linguistically competent. The target populations for these demonstration projects are children with serious emotional disturbance who are involved with the juvenile justice system, who will be returned from residential care with appropriate community and who have co-occurring mental health and substance abuse problems.

Richmond Behavioral Health Authority: Multisystemic Therapy

Richmond Behavioral Health Authority (RBHA) and OCFS have evaluated the implementation of multisystemic therapy. This is intensive family- and

community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial factors.

The table below provides data available at the end of the first quarter of serving children. The average age of children enrolled was 16 years. All were non-Hispanic African American. Seventeen were male and 2 were female.

Preliminary Data on Children Referred to and Served by RBHA MST Project

Total number of children referred	30	
Total number of children enrolled for service	19	
Average age	16	
Number of arrests in the past year (average)	2.8	
Days in foster care in the past year (average)	0	
Days in psychiatric facility in past two years (average)	2.1	no days 70%
Day in corrections in the past year (average)	42	no days 50%
Any drug or alcohol use	yes 11	no 7
Attending school regularly	yes 9	no 8

Services provided include individual therapy, family therapy, case management, and crisis intervention. Currently, all children remain in the home with either a parent or legal guardian. Three children were placed out of the home on a temporary basis: two were hospitalized and one was placed in detention. These children have returned to the home and are currently receiving services.

Planning District 1: Functional Family Therapy

Planning district 1 will evaluate the implementation of functional family therapy. This is a family-based prevention and intervention program that has been applied successfully in a variety of situations to assist youth and their families. The model consists of a systematic and multi-phase intervention map that provides a framework for clinical decisions, within which the therapist can adjust and adapt the goals of the past to the individual needs of the

family. An FFT team is made up of 3-8 clinicians who will receive intensive, sustained training beginning June 21st.

These two sites are participating in an evaluation process that will focus on child and family-specific outcomes resulting from the provision of these evidence-based practices in a system of care context. Baseline data will be collected on each child and progress will be tracked according to core outcomes associated with the specific evidence-based practice. Additionally, the evaluation will also assess parent involvement with services. Initially, these projects will serve 60 to 75 children each year who have severe behavioral health needs. Currently the sites have just begun to see the first children and are working with the Office of Child and Family Services to develop procedures for progress evaluation.

Response to New Funding Opportunities

Fourteen CSBs submitted proposals for the new FY 07 funding opportunities. The review and selection process will take place during the month of June, with announcement of funded proposals planned for the first week of July.

An interagency panel convened on June 1st to review proposals for the Mental Health and Juvenile Justice Collaboration. A second panel will meet on June 21st to review the proposals for the Systems of Care Including Evidence-Based Practices.

Nine CSBs applied for the Systems of Care Including Evidence-Based Practices, six CSBs applied for the Mental Health and Juvenile Justice Collaboration and five CSBs applied for both funding opportunities. The applications represent an equal proportion of rural and urban CSBs (seven each).

Systems of Care Training Institutes

Since 1988, DMHMRAS has provided scholarships for community representatives to attend the national System of Care Training Institutes. The Training Institutes are offered by the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development.

Once again, DMHMRSAS will provide funding from the Community Mental Health Services Block Grant to support scholarships. Working with the VACSB Child and Family Task Force, we have identified ten CSBs that will each send two attendees to the Training Institutes. CSBs are encouraged to send one CSB representative and one CSA representative to support interagency collaboration. The Child and Family Task Force surveyed its members to determine the most equitable way to distribute the available scholarships. The ten CSBs that will send two representatives each are Region X, Fairfax, New River Valley, Mount Rogers, BRBH, District 19, Alexandria, Northwestern, Central Virginia, Arlington. In addition, DMHMRSAS will send three state-level representatives.

These attendees will form a core group that will assist with future statewide System of Care training activities based on the knowledge they gain at the Training Institutes. The national Training Institutes are an important aspect of our overall systems of care development process and we are excited to be able to offer this opportunity to communities.

Project Training and Resources for Effective Adolescent Treatment (TREAT)

An interagency state level team will attend a Policy Academy on Adolescent Substance Abuse June 5th-7th sponsored by the Center for Substance Abuse Treatment. Along with teams from other states, representatives from DMHMRSAS, DMAS, and OCS will look at strategies for developing adolescent services

On April 13th adolescent substance abuse staff in conjunction with staff from the Commonwealth Center for Children and Adolescents, co-facilitated a presentation for the CFBHPPC. Within the next few months, the boards will be surveyed regarding adolescent SA services, the Project TREAT work group and provider groups will be convened and additional training activities implemented.

The grant supports a variety of educational and training activities for substance abuse and mental health providers as well as ancillary providers who serve substance-using youth. In the fall, Project

TREAT will coordinate 6 regional Evidence Based Practice (EBP) overview trainings for CSB staff that serve youth with SA and co-occurring disorders. Following the trainings, Project TREAT will offer technical assistance to community service boards interested in developing EBP training plans and will provide additional training on selected EBP. More information regarding the EBP overview trainings and steps for applying for additional EBP training opportunities will be forthcoming.

Women's Services

The interagency Substance Exposed Newborn Workgroup convened last August continues to meet bi-monthly to identify strategies for improving services for substance exposed newborns. Although the group has identified the need to develop substance use screening guidelines across disciplines, they plan to focus initially on developing guidelines for pre-natal care providers. They are in the process of identifying the most effective means of educating health care providers, determining what tools are currently available and what is needed to train providers in a comprehensive approach to substance use screening and referral. The Commonwealth Partnership for Women and Children Affected by Substance Use is a consortium of agencies and service providers committed to developing new services and improving existing services for women and children whose lives have been affected by substance use and addiction. The Partnership was first established in 1996 and serves in an advisory capacity to DMHMRSAS. The Partnership meets quarterly and offers both training and networking opportunities for providers across disciplines that serve this population. In addition to the business portion of the meeting, presentations are often incorporated into the meeting. The Partnership's May 18th meeting in Virginia Beach included a panel discussion on CASA and Family Treatment Drug Courts.

The Partnership's next meeting will be held in Charlottesville August 17th. To learn more about the Partnership or to get on their mailing list contact Martha Kurgans in OCFS or Carolyn Seaman, Partnership Chair, at 804 – 819-4184.

The Commonwealth Partnership for Women and Children Affected by Substance Use, a provider group supported by OCFS coordinated a free one day training May 9th on Maternal Substance Use: the Impact on Children. The 161 participants included providers from DSS, Healthy Start, Healthy Families, Early Intervention services, in-home providers as well as substance abuse and mental health services.

Parent and Family Involvement

The Department continues to support the work of the Virginia Federation of Families in providing resource coordination for individuals, training opportunities for parents and family members, and assisting with the efforts of the various support groups. We are pleased to welcome Ms. Vickie Hardy-Murrell as the VA FOF new Director. Ms. Hardy-Murrell is the parent of a child with special health care needs and brings years of nursing, service coordination, and parent support experience to the program. Ms. Hardy-Murrell will be primarily responsible for program oversight and will take a lead role in enhancing the services and linkages between the national Federation of Families, support groups and the Federation of Families for Children's Mental Health. Again, we welcome Ms. Vickie Hardy-Murrell into her new position with the VA FOF.

In addition to the program personnel changes, the VA FOF in collaboration with the other members of VA-INFO coalition are pleased to announce holding the first annual "Strong Roots for a Healthy Future" conference on July 28-29, 2006 at the Charlottesville Omni in Charlottesville, VA. The conference will provide free registration and training opportunities for 100 families of children with special health care needs and/or disabilities and provide a wonderful opportunity for families and professionals to come together to discuss strategies for aiding our children and families in need. Limited childcare will be provided for free. Parents, family members, and professionals interested in finding out more information on this training opportunity or to contact the VA Federation of Families please use the following information:

VA Federation of Families
Vickie Hardy-Murrell, Director
1-877-264-8366 www.vafof.org

VA-INFO @ Medical Home Plus
1-877-264-8366 www.va-info.org

VA FOF is a non-profit corporation. Primary funding for VA FOF and VA-INFO is provided by the VA Department of MH/MR/SAS with federal Center for Mental Health Services (CMHS) Block Grant funds. Donations are welcome.

Community Services Board Services in Juvenile Detention Centers

Eight Community Services Boards (CSBs) are providing mental health and substance abuse services in juvenile detention centers. CSBs house staff (a clinician and a case manager) at the local juvenile detention center to provide mental health screening/assessment and other mental health and substance abuse services as indicated through the initial intake assessment process. Five of the projects are funded with a combination of federal and state funding while three programs are fully funded with state general funds. The eight CSB's and their detention center partners involved with this initiative are as follows:

- Central Virginia CSB/Lynchburg Juvenile Detention Center
- Chesapeake CSB/Chesapeake Juvenile Justice Center
- Chesterfield CSB/Chesterfield Juvenile Detention Home
- Crossroads CSB/Piedmont Juvenile Detention Home
- Norfolk CSB/Norfolk Juvenile Detention Home
- Planning District One Behavioral Health/Highlands Juvenile Detention Home
- Richmond Behavioral Health/Richmond Juvenile Detention Home
- Valley CSB/Shenandoah Juvenile Justice Center

Combined data gathered from all eight programs includes the following information: of 1217 youth admitted to the eight detention centers in the first quarter of calendar year 06:

- 1081 mental health assessments were performed on youth in detention
- Case management services were provided to 689 youth

- Individual counseling services were provided to 457 youth
- Group counseling services to 340 youth
- 75 youth received crisis intervention services while in detention
- 60 youth were prescribed psychotropic medications
- Only 19 youth were referred form inpatient services

Planning for Future Development

Governor Kaine's new budget for FY 07 promises to provide significant resources to build on these system of care and juvenile justice initiatives and to enable more Virginia communities is develop their local systems of care.

Two additional system of care and seven new CSB Detention Center projects are planned for FY 07 and FY 08. Guidance for the development of interagency collaborative projects has been issued and proposals are due on May 19. Learning and development from the existing projects will be used to enhance both the existing and new projects. Communities have responded with great enthusiasm to this opportunity to build and expand their local systems of care.

Upcoming training

The Virginia Summer Institute for Addiction Studies will be held at the College of William & Mary in Williamsburg July 17-21. This year's featured topics are Adolescents; methamphetamines; gangs and re-entry issues. The Adolescent track includes presentations at all levels and on a wide variety of topics; special emphasis was placed this year on screening and assessment, cultural competence and special populations.